

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO	FILING DATE
09 / 673884	
APPLICANT(S)	

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2	1			
3	1			
4	2			
5	1	2		
6	1			
7	1			
8	1			
9	1			
10	1			
11	1			
12	1			
13	1			
14	1			
15	1			
16	1			
17	1			
18	1			
19	1			
20	1			
21	1	1		
22	1			
23	1			
24	1			
25	1	2		
26	1			
27	1			
28	1			
29	1			
30	1			
31	1			
32	1			
33	1	1		
34	1			
35	1			
36	1			
37	1			
38	1			
39	1			
40	1			
41	1			
42	1			
43	1			
44	1			
45	1			
46	1			
47	1			
48	1			
49	1			
50	1			
TOTAL IND.	4			
TOTAL DEP.	30			
TOTAL CLAIMS	34			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS